

Ay Moulton (A. R.)

[Reprint from THE ALIENIST AND NEUROLOGIST, Jan., 1887.]

The Treatment of Melancholia.

By A. R. MOULTON, M. D.,

Assistant Physician of the Worcester Lunatic Hospital.



IN bringing my subject before this society I have a somewhat selfish motive, inasmuch as I expect to gain information from the ripe experiences of its members, who I hope will discuss this paper fully; and I am too wise to imagine even that I shall impart any knowledge to this audience. All I expect to do is to restate a few well established facts, as they have appeared to me, for the time allowed for the preparation of the paper, coming as it did at a very busy season, was too short to admit of any extended reading or study.

Without going at length into the etiology, symptomatology or pathology of melancholia, let me draw attention to the manner of patient, whom we may be called upon to treat. The person may or may not have an hereditary taint, the individual is suffering from depression, and is perhaps stupid and silent, or confused and delirious; or the patient may be in a state of great apprehension and agitation, and is probably in reduced physical health, with weak pulse and lowered temperature. There are all degrees of mental disturbance, from that resembling and reminding us of acute dementia to that of extreme restlessness and noise. In the first case the person will rarely reply to questions, and then only by the greatest persuasion; the facial muscles are relaxed, the natural expression lost, there is an apparent disregard of surrounding events, the hands hang listless or remain where placed, the sphincters are relaxed, or there may be an accumulation of urine and fæces, and there is seldom any voluntary motion; while in the latter case the patient is not only willing but anxious to converse, and if permitted

* Read before the N. E. Psychological Society, October 12th, 1886.

will relate various apprehensions, forebodings and delusions; he is seldom or never quiet, his face expresses the greatest fear and despondency, he walks up and down the room, wrings his hands, bemoans his condition, condemns himself, asserts that he is the cause of all the world's affliction, and in fact everything seems to go wrong *with him*, for in his imagination others usually appear fortunate and well-circumstanced, while he is the most wretched of mortals; and between these extremes of hebetude and great agitation there are many degrees of disturbance, none of which will I mention.

In most cases of melancholia there is emaciation and loss of appetite, and in many utter refusal to take food; the circulation is sluggish, and the extremities cold. Clouston found only thirty-six per cent. as being in "fair general bodily condition"; fifty-seven per cent. were "weak and in bad condition"; and seven per cent. were "very weak and exhausted." Wakefulness is a prominent and distressing state; many complain of pain, weariness, or the indefinite term "disagreeableness" in the head; constipation is usually present, and there is a furred tongue, offensive breath, and the skin may be rough and dry or greasy and fetid; there is lack of self-control and the will is lost. While I have no figures of my own to which I can refer to substantiate my statements, I have been strongly impressed by the large number of melancholics who suffer from the long list of dyspeptic symptoms; and the usual story is that the person, who finally has broken down, has been for many years of constipated habit, has often suffered from nausea, has experienced pain in the stomach after eating, has long had headache, lassitude and mild depression; and has dropped off many necessary articles of food from his dietary list until he has reduced himself to a dangerously small variety, which trouble him as the predecessors have done. Clouston, in three hundred and sixty-five cases of melancholia, taken at random, found constipation in fifty per cent., sleeplessness and want of appetite in sixty per cent.

Thus we have a person to treat who is suffering from a long train of physical ailments, who is depressed, over-anxious, very apprehensive, perhaps delusional, and who has lost his self-control and independence; hence, the obvious needs are, *rest, nourishment and diversion*; and in the treatment of the case these requirements will go along side by side—they depend upon one another, and we would not think of resorting to one, if we could, without the others. Some of the books speak of the treatment as moral and medical, and in that case each is necessary, although, perhaps not equally; we *can* do without drugs merely, we cannot prevent a mental effect.

The cause should be removed, and at an early period the physician is called upon to advise or decide where the patient should be treated, whether at home, by travel, or in a hospital, and I believe with Dr. Folsom, that in insanity we should consider the various matters operating in each individual case as we would in a case of purely physical ailment. Of course among the destitute there is but one thing to advise, but the milder forms of melancholia can often be best treated at home, and may do well by change of scene, although in many there is too much physical exhaustion and weakness to warrant extended travel. The kind of home association will have much to do in settling the question; nervous, injudicious and annoying relatives would not properly be allowed to care for a fever patient, nor should they nurse a melancholy friend; yet, if the members of the household can control their sympathies, can devote the necessary time to the patient, and are not repulsive to him, it is, I consider, eminently proper that an attempt should be made to care for the *mild* cases at home, always under the direction of an experienced physician; but I should hesitate about advising treatment at home of patients with suicidal tendency, or cases of melancholia agitata, among which most of the suicides occur.

The cause may be inoperative, when we have remaining the effects alone, as when occasioned by heredity or

parturition; but when occasioned or excited by overwork, confinement, unsanitary surroundings or physical disease, we have a tangible cause with which to work, and treatment upon such basis is efficacious if begun promptly, before the disease has continued to a marked degree; I refer to the uncomplicated cases, not hereditary. The causes assigned are not always reliable and often are merely symptomatic or incidental, referring usually to some recent occurrence; thus, the insanity of a patient recently in the Worcester Lunatic Hospital was said to have been occasioned by overwork. It was learned upon inquiry that the mother died insane, and that several of the maternal relatives had suffered from insanity, epilepsy and neuralgia, while the father was intemperate. She had always been eccentric and emotional.

Another patient, who strongly inherited nervous tendency, broke down under slightly increased responsibility, and the cause given was anxiety and care.

In a third case the patient's grandfather and sister were insane, and she was said to have become melancholy through illness; she had slight menorrhagia. In these cases the assigned causes are removable, yet the predisposition to insanity exists in each person, and I fear neither will recover; so that in many instances when the cause given is removed the effects remain, or the foundation of the trouble is permanent. As I write a young man is brought to the hospital in a state of great excitement, whose friends are at first unable to give any sufficient reason for his condition or satisfactory history of the case, yet by continuous interrogatories the fact is established that his father is insane, his mother nervous, that he has a brother in another hospital, and that he, who has always been moody and odd, has recently been on drunk after drunk.

Fortunately in such cases, as in others, much can be done for the benefit of the patient. If the perturbation is occasioned or increased by mental or physical strain, rest should be enjoined; the patient should be put to bed,

all annoyances and vexations, so far as possible, removed, nourishment given and sleep induced. I do not mean that *all* melancholics should be put to bed, for thereby we might be fostering the desire for seclusion and withdrawal from society, which we should steadily strive to correct, and we must not lose sight of the fact as stated by Mitchell, quoting Seguin that "when we put patients in bed and forbid them to rise or to make use of their muscles we at once lessen appetite, weaken digestion in many cases, constipate the bowels, and enfeeble circulation"; but those cases in which there is a constant feeling of physical exhaustion should be kept as quiet as possible until recuperation begins, or the urgency of the symptoms demand other treatment. If placed in bed we should prescribe massage, general rubbing, or electricity to counteract the dangers above spoken of, and the patient should have the attention of a competent and agreeable nurse. As many of the associations which were active in inducing the depression, as possible, should be removed, and upon this principle a change is often best. Many melancholy people are engrossed in themselves, and seem to think of no one else's comfort; these patients will exercise a more healthy fellow-feeling among strangers, and should be sent from home. When they have become familiar with their surroundings, and take advantage as it were of their companions, another change should be made, thus inducing an exercise of the will. Old hospital cases of a troublesome nature sometimes become more comfortable by transfer to another institution, and those who improve for a time, but have come to a standstill can profitably be placed among new surroundings.

Keep the mind off the disturbing elements, and supply new scenes, new associations and new thoughts to occupy it—a kind of rest which does not mean idleness. Here it is that the moral treatment comes in, by which I mean all healthy mental diversions and impressions.

The patient should be induced to converse upon

general subjects, about books, people, places, and reference should seldom be made to the delusions. After the first examination, which should be searching, it is better to let the personal matter which is taking the attention of the patient, wholly alone, and lead him to abandon it, upon the theory that two substances cannot occupy the same space at the same time. There are ways enough of determining the existence of melancholy delusions without questioning the patient in relation to them. While it is not well to converse upon the subject, it is decidedly bad to combat delusion; anything appearing to *oppose* the delusions of the individual will fix them more firmly, and render their removal less probable; and acquiescence in delusion is equally improper. Upon this matter Griesinger says: "All direct, especially passionate discussion, generally augments the delusion by instigating the patient to justify his views, to seek reasons for them, and irritates and exasperates him according to the force and acuteness of his opponent's argument. The morbid ideas are not to be subdued by any kind of proof or evidence. If possible, still more reprehensible than direct opposition is the so-called method of assent, sympathy with the delusion of the patient, whether it be with the view of temporary soothing, or possibly to employ what is conceded by the patient as a new means of removing delusions.

"Such assent will only confirm the patient in his delusions; he may afterwards appeal to it; and from such a system of treatment pursued with the best of intention, we often see the saddest results, especially in the deep melancholic conditions, since the insane ideas which the patient till then, at least inwardly, opposed, become rapidly confirmed."

Idleness is a boon companion of mental weakness; and healthy, agreeable, and, if possible, profitable occupation should be insisted upon, but above everything else, the work should be suited to the tastes of the individual, and it must be of a kind to interest and divert the mind, thus allowing it to rest, and augmenting improvement.

There are many things to which a woman can be induced to turn her hand, while it is more difficult to provide employment for men, especially indoor-work; but fortunately, that employment which is the most health-giving is that which we in hospitals can most easily supply, and work upon a farm or in a garden can be rendered agreeable, and even a man who is wholly unused to anything laborious will oftentimes take to gardening or the care of a lawn eagerly.

It is of the utmost importance that a melancholy patient should spend a good deal of time in the sunshine, and best of all open air and sunshine; but where for any reason it is impracticable to remain long out of doors, the room selected for the person should be flooded with light, and he should be induced to sit in the sun's rays. The time spent out-of-doors, as well as that passed inside, should be made as agreeable as it well can be; pleasant walks, rides, croquet, tennis, base-ball, light gymnastics are all useful, and part or all should be prescribed, care being taken that the patient does not overdo, yet in severe cases of restless melancholia exhaustion produced from prolonged out-of-door exercise is sometimes followed by calmness and natural sleep. In all cases there should be regularity in this *morale*—a time for work, reading, walking, riding, games, etc.; and many points are gained when the patient's obstinacy or indifference is overcome, and he enters into the life with something more than passiveness.

We know this is a disease of malnutrition and exhaustion of vital force; there is a distaste for food and often absolute refusal to eat, or if any is taken the quantity is so small that the patient is in fact suffering from starvation; hence, the food should be of the most nourishing kind, easy of digestion, and of proper quantity and variety.

In the majority of cases it is necessary to persuade the patient to eat, and when he will do so it is much better that he should take solid food, or rather a mixed

diet. When the patient has no delusions which prevent the taking of food voluntarily there will be little trouble of his getting sufficient variety; and easily-digested animal food, vegetables, farinaceous food, fish, eggs, milk, etc., will be recommended by the careful physician, heed being taken that it is well cooked and appetizing; in too many cases, however, the patient not only will not eat, but makes violent opposition when food is offered. The first signs of exhaustion should be met, and forcible alimentation not long delayed. When it becomes necessary to give food through an œsophageal or nasal tube there is greater difficulty in nourishing the patient; for the same reasons which compel fasting retard proper digestion and assimilation, besides, foods taken in the manner indicated do not do the good that they perform when taken in the natural way. Under these circumstances liquids alone can be given, and we are forced to rely upon beef-tea, milk, eggs and milk beaten together and well-sweetened, gruels, soups, broths, etc. Patients are sometimes fed in this way for many months, and are well nourished; more, however, grow thin. A female was admitted to the Worcester Lunatic Hospital in August, 1878, and was fed by means of the stomach tube until January, 1881, being well nourished all that time.

An excellent plan, where insomnia accompanies the refusal for food, is to give a hypnotic, and just as the patient is dropping off to sleep, or is awakening, to offer a glass of milk or beef-tea, which oftentimes will be drunk with avidity. Some physicians feed only once a day, or at long intervals; but it seems to me much more in accordance with reason to feed, at least, twice, and usually three times. A patient may possibly be starved into eating, but starvation is what we are trying to avoid, and when we remember that a pint of milk disappears from the stomach in an hour, and that a medium-sized person requires three quarts of milk to sustain him, the administration of nutriment three times in the twenty-four hours does not seem too often. The moral effect of

feeding with the stomach-pump is often remarkable, especially upon the first visit to the patient, and by it we can give medicines to aid digestion, tonics, laxatives, sedatives, etc.

The physical disturbances, whether they stand in the relation of cause or effect, demand prompt attention; if causative, improvement awaits their removal; if they are a result of reflected nervous derangement, still the body needs to be put into such condition that it can best sustain the ravages which it is called upon to bear. As I have already stated there is a long list of dyspeptic symptoms, which are persistent if let alone, and at best are very troublesome. I have seen constipation more constant than any other single state, and having long antedated the depression, it has become increased. The food should have reference to this condition, and beef-tea, while being a nutritive tonic, is a good laxative. Purgatives should seldom be administered, for after acting they close the door more tightly than they found it, those remedies which give tone to the alimentary canal and increase peristaltic action, being indicated; *nux vomica*, *stillingia*, *belladonna*, *physostigma*, and *cascara sagrada* are representatives. Unless urged to drink melancholy patients take little or no water, and this alone will sometimes relieve the constipation; they should be induced to drink a glass before breakfast, and it is well to add a few grains of common salt or a mild bitter.

In the October number of the *American Journal of Insanity*, Dr. Hutchinson, superintendent of the Hospital at Dixmont, Pa., reports a case of melancholia in a woman, caused by impacted feces. She "was very weak, extremely emaciated, skin bronzed, dry, harsh, hair dry and falling out, and all the secretions of the body were perverted." She was suicidal, destructive and incoherent. The mass was with difficulty removed, and improvement rapidly followed. In less than a month she was well. Tonics and stimulants are indicated. Iron, in those cases where it does not produce headache, so combined that

it will not disarrange the stomach, should be given for the attendant anæmia; quinine, cinchona, gentian, nuxvomica and other bitters increase the appetite and assist digestion. Phosphorus and the mineral acids are useful.

I hope to hear an expression from the members about the use of the hypophosphites, for I have not seen the benefit result from their use which the literature has led me to expect. In cod-liver oil and malt we have nerve tonics and fat-producing agents, and those remedies cannot be replaced. In the main there is an incompatibility between adiposity and melancholia. Clouston lays great stress upon this fact, and advises that "every therapeutic agent whose effect is hunger-producing, digestive, vasomotor and nerve-stimulating, we should give."

For wakefulness it is better to prescribe through the general system than directly. This troublesome symptom will usually disappear as the general health improves; the occupation, diversion and change will tend to counteract the insomnia. Perhaps, at first, active remedies will be necessary, when we should give a glass of lager at bed-time, a bowl of egg-nog, beef-tea or a generous punch. Should they not prove effectual, we have a few drugs that are sure in their operation. Hydrate of chloral, in doses of from ten to twenty grains, either alone or combined with one of the bromides, hyoscyamus, cannabis indica, conium, lupulin or gelseminum, will produce tranquil sleep; and I have seen patients awake from such induced slumber refreshed, and have known improvement to evidently then begin; but chloral or any allied drug, unless it is opium, cannot be said to have any real curative effect; patients sleep from their administration, but, usually, awake and go on with their fancies where they left them. I have had many patients complain of an uncomfortable cutaneous irritation after taking a few doses of chloral; some, too, suffer from conjunctivitis and complain of ordinary sunlight after continuing a few weeks under its use. I have known two patients, women, to contract the chloral habit. Hyoscyamine is a paralyzing agent which

leaves unpleasant after effects, and I seldom use it in melancholia. By drying up the secretions, reducing the flesh, producing general lassitude and weakness, it seems to be contra-indicated in this disease. The bromides give good results in those few cases where there is cerebral hyperæmia, as does ergot, and arsenic is recommended by Hammond for the same purpose. When the bromides are given for any length of time, cod-liver oil should be administered to counteract the waste which they produce. It should not be forgotten that the activity of hypnotics is increased by combination.

In the use of opium there is great difference of opinion. The indications for which opiates are prescribed are for securing rest to the overtaxed mind and to increase the arterial blood supply to the brain. Blandford advises giving opium in sub-acute melancholia, and he has found the patients to improve promptly. He gives several small doses during the day, and a full dose at night.

Dr. Hammond "has derived great benefit from doses rarely exceeding half a grain, repeated three or four times a day, and continued systematically for several weeks," and he states that Courtney "regards opium in small doses as the most valuable of all medicines in the treatment of the condition in question."

Dickson thinks that any temporary benefit resulting from its use is followed by increased depression, and that it is always harmful. Griesinger concludes "that the cases for its use occur more frequently in private practice, during a short existence of the malady, than in asylums." Clouston "utterly disbelieves" in opium.

Dr. Henry M. Lyman says that "opiates calm, but do not nourish—they hinder the process of nutrition; hence, the sufferer wakes unrefreshed by the sleep which they produce, and is soon in a condition worse than ever."

I have seen no benefit arise from the use of opium; indeed, every case in which I have used it has done badly as regards disarranged stomach, constipation or diarrhea

and general *malaise*; in several instances there has been an increase of delusion and depression.

Paraldehyde is a newer remedy, and its hypnotic effects are much like those of chloral, but it has no effect upon some patients, given in safe doses. I have not seen lachrymation caused by it, nor some of the other effects which chloral will produce. In two cases, the beginning dose of half a drachm, which occasioned sleep, had to be increased to two drachms in order to afford any relief; and in one of these patients, to whom I gave one drachm from a fresh supply, sleep was produced, too profound to witness with satisfaction. Its odor is penetrating and its taste exceedingly unpleasant, so much so that many insane patients utterly refuse to take it; this may not be an objection, for where only a few doses are required the patient would be less likely to continue its use unnecessarily, or perhaps form an appetite for the drug.

I have administered urethane to eight patients, of whom four are suffering from melancholia, two from mania, and one each from the effects of the opium and alcohol habits, and am much pleased with the remedy. It is not disagreeable to the taste. I have seen no unpleasant effects from its use, although one woman who is subject to asthma thought it induced an attack, but in subsequent trials she was not so affected. The sleep from it is calm, and patients wake refreshed. The dose varies from ten to thirty or forty grains, and in each individual it is necessary to determine the required quantity, beginning with the minimum dose and working up, for a dose too small has no apparent effect. Given in divided doses the effect is not so satisfactory as when the whole is administered at once. It does not relieve pain, nor has it any effect upon the pupil.

I believe that most, if not all, extreme melancholics contemplate suicide at some period of their disease, usually in the earlier stages, and the propensity may continue indefinitely. Patients of this nature usually talk about ending their lives, although some are perfectly calm

and noncommittal, only showing the desire when the first opportunity presents. I know a woman who is quiet, orderly and industrious, who is not sad, who reads the daily papers, is interested in all kinds of fancy work, eats and sleeps well, yet she never allows an opportunity for suspension to escape. In this form of hereditary insanity the various members of a family sometimes employ similar means of self-destruction, and at about the same age or under like circumstances, so that by keeping this fact in mind one can look for premonitory signs, and possibly save the patient. They do not, however, always wait for *certain* means for suicide, and deny themselves of others; nor do they invariably consider their own comfort, but accept *any* methods that occur. A gentleman living in central Massachusetts belongs to an insane family, several members of whom have committed suicide by cutting their throats; he is subject to periodical melancholia, and when he finds he is becoming depressed or wakeful he takes a long drive, and invariably returns well. The matter of selection of an individual means of suicide is well illustrated in the case of a man who was in the Worcester Hospital several years ago. When admitted he had a slight wound upon the forehead, caused by a pistol-shot, fired by himself the night before. A few weeks previous to this he had flattened fourteen (No. 22) bullets against his skull at two sittings. He made a good recovery, and after being at home a few weeks he had another attack of melancholia, following a prolonged debauch, and at that time he discharged five chambers of a Smith & Wesson revolver at his head. His skull was not fractured by these attempts, although the last shot in the first, second and fourth, and the single shot in the third attempt, stunned him. He was again committed, and made a drawing of a method of suicide, which he said he should test when he went home. It consisted of a gun, block, pail of water, a weight and a cord line; after confining his neck to the block, he proposed to draw the spigot from the pail, and when the water

became lowered to a certain point the weight would fall, pulling the trigger by means of the cord, and discharging the gun, which was to be pointed at his head, and only a few inches removed. Fortunately he had no opportunity to try this device, for he died, not by suicide, a few weeks later.

The methods already indicated of treating our patients, by improving the general health, placing them amid good sanitary surroundings, occupying and diverting them, will tend to prevent suicide, but all methods of treatment are defective that do not comprise watchfulness. These people are never safe to themselves and should never be left alone. The suicidal impulse often comes up without any warning, or by some suggestion which is out of our control. If treated at home all knives, scissors, razors, etc., should be kept under lock and key; should it be necessary to restrict or oppose his movements, the house is turned into a hospital, and not being equipped for that purpose, is a poor one of its kind. The best place for such patients is a hospital for the insane. There should be attendants enough to keep the patient under constant observation without appearing to follow him, or the ward should be so constructed that all parts of it can be seen from any given point. The milder cases can be placed in the general ward, and the receiving ward is a good place for such persons, as they meet more recent cases and may gain courage as they witness the recoveries and discharges; they should sleep in a room opening out of that occupied by the attendant, or in the watched dormitory. There is a class of *desperate* melancholics who have attempted or *will* attempt suicide, and sentiment should be set aside and their own safety insured; they should never be left alone a moment, and if it is impossible to give each a constant companion, they should be placed in a ward designed for such cases as already indicated. The day room should not be a place of detention merely, but should be made attractive, and supplied with books, papers, magazines, games and

means of occupation for the use of the family when indoors, or when off duty, as it were; and there should be relays of attendants or companions, so that there should be no lack of constant enthusiasm and attempts to divert by every healthy means.

It is reported that more suicides occur in the early morning than at any other time during the day, due, as Blandford thinks, to the length of time that has elapsed since the evening meal. I have certainly known patients to rise more than usually cheerful after taking a warm drink or a milk punch in bed, and additional sleep will sometimes be secured by the same means.

Melancholia is peculiar inasmuch as recoveries now and then occur after many years of illness, which teach us that we should never give up hope, but should, on the other hand, *persist* in the various lines of treatment indicated; should try to improve the general health, give the patient rest and occupation, and endeavor by every possible means to induce the individual to act, think and talk like a well person; and we shall sometime be rewarded by seeing a seemingly hopeless melancholic shake off his despondency, and return to an active and useful life.

